

Work Order ID 107714

Monday, September 30, 2013 9:19:37 AM

\*107714\*

Page 1

Item ID: D2965

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Cap

Stop

\*NS2\*

Start Date: 9/30/2013 Start Qty: 1.00

\*1\*

Cust Item ID:

Required Date: 9/30/2013 Req'd Qty: 1.00

\*1\*

Customer:

Reference: repaint

Rework

Approvals:

Process Plan: MF

Date: 13-9-20 Tooling:

Date:

Run Start

\*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D2965

Rev B

210

\*210\*

Powdercoat

Powder Coating

Grey Sandtex(Ref:4.3.5.6) per QSI005 4.3

0.00

Start Time: 9:53

1X YM / 13/09/20

Memo

0.00

PULL FROM STOCK D2965 X 1 B80089

Temp / 320°F

SCUFF LIGHTLY AND POWDERCOAT GREY SANTEX

220

\*220\*

QC

Quality Control

QC3- Inspect Part Finish

0.00

Finish Time: 10:20

1 d B-10-2



230

\*230\*

Packaging

Packaging

Identify as per dwg & Stock Location: FP002

0.00

Memo

0.00

1 d 13-10-2



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Date:



# **WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Date:

## Work Order update only

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS					
				Rework Scrap Use-as-is Suspected Unapproved	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Folio/Program	Outside Dimensions	Pressure/Forced							
Centre Not Concentric	BOM/Route	Grain	Over/Under tolerance	Set-up							
Cracks	Broken/Damage/Defect	Hardware	Part Incorrect	Temperature/Cure							
Crimp/Kink/Ripple/Wave	Burrs	Inspection Incomplete/Unqualified	Part Lost/Missing	Weld							
Cuffs	Contamination	Instructions Incomplete/Unclear	Part Moved	Wrong Stock Pulled							
Crushing	Countersink	Misaligned/off center	Positioned Wrong								
Heat Treat	Cut Too Short	Mislabeled	Power Loss/Surge								
Inspection Strip in Tube	Drawing	Misread									
Marks/Chatter	Drill Holes	Off-set									
Turning Sequence	Finish	Out of Calibration									
Wave/Twist in Tube	Fit/Function	Out of Sequence									

**Work Order ID 107714**

Monday, September 30, 2013 9:19:37 AM

**\*107714\***

Page 2

**Item ID:** D2965

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

**Revision ID:**

**Item Name:** Cap

Stop

**\*NS2\***

**Start Date:** 9/30/2013 **Start Qty:** 1.00

**\*1\***

**Cust Item ID:**

**Required Date:** 9/30/2013 **Req'd Qty:** 1.00

**\*1\***

**Customer:**

**Reference:** repaint

**Approvals:** Process Plan:

Date:

Tooling:

Date:

Run Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/  
Work Center ID  
240

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

**\*240\***

QC  
Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

*JJ/13-10-2*

*WB-10-2*

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only 

<p>Work Order: _____</p> <p>Part No.: _____</p> <p>NCR No.: _____</p>	<b>DISPOSITION</b> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

### FAULT CATEGORY

Landing Gear	General		
Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions
Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance
Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect
Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing
Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved
Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong
Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge
Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread	<input type="checkbox"/> Other
Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set	
Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration	
Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence	

# Picklist Print

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Page 1

Work Order ID: 107714

Parent Item: D2965

Parent Item Name: Cap

Start Date: 9/30/2013

Required Date: 9/30/2013

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP: A00.05.31 New Issue EC

IPP Rev: Added Turning as per Rev B 06-12-15 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2965 Cap		Manufactured	No				Each	56.0000		1			

Location	Loc Qty	Loc Code
FP001	56	
106613	1	
80089	18	
99551	37	

M/J  
1 X  
13/09/20

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only 

Work Order: _____			<b>DISPOSITION</b>		<b>AGAINST DEPARTMENT/PROCESS</b>							
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>		Water Jet <input type="checkbox"/>		Engineering <input type="checkbox"/>			
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>		Prod. Eng. Coor. <input type="checkbox"/>		Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>		Rec/Store/Packaging <input type="checkbox"/>		Other <input type="checkbox"/>			
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>		Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Design												
Doc/Data												
Equip/Tooling												
Handling/Pre												
Material												
Operator												
Offset/Setup												
Process												
Supplier												
Training												
Transport												
Unapproved												
<b>FAULT CATEGORY</b>												
<b>Landing Gear</b>	General											
	Bending	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>									
	Centre Not Concentric	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>									
	Cracks	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>									
	Crimp/Kink/Ripple/Wave	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>									
	Cuffs	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>									
	Crushing	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>									
	Heat Treat	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>									
	Inspection Strip in Tube	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>									
	Marks/Chatter	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>									
	Turfing Sequence	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>									
	Wave/Twist in Tube	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>									